

SECRETARY OF STATE
Professional Licensing Boards Division
Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217

(478) 207-2440

(Fax) 207-1660

**APPLICATION
FOR
DUPLICATE REGISTERED NURSE LICENSE**

To request a duplicate license card please complete the following application and enclose a check, money order or cashier's check in the amount of **\$25.00** made payable to the Georgia Board of Nursing and mail to the address listed above with the **current wallet-size license**. Retain a photocopy for your records until new license is received. Duplicate licenses are usually processed within 10-15 working business days upon receipt of completed application.

Instructions for Completing Application.

PLEASE read the following instructions carefully to prevent processing delays.

Name Change:

- Complete application in your new **LEGAL NAME**. (This is the name that will appear on license.)
- Submit photocopy of legal documentation for changing name: Marriage Certificate, Filed Marriage License, Divorce Decree and Court Order. (Original documents will **not** be returned.)

Address Change/Lost or Stolen/ Limitations Removed:

- Complete application.

Reason for Duplicate License:

☐ Name Change ☐ Address Change ☐ Lost/Stolen ☐ Limitations Removed ☐ Other

Legal Name: _____
(Last) (First) (Middle) (Maiden Optional)

Current Address: _____
(Street or PO Box)

(City) (State) (Zip)

Social Security #: _____ - _____ - _____ **Phone #:** (_____) _____

School of Nursing: _____
(City) (State)

Date of Graduation: _____ **Year of Original Georgia Licensure** _____

Georgia License #: RN _____ (RNOOOOOO number just above name on license)

Place of Birth: _____ **Date of Birth:** ____/____/_____
(City/State/Country)

The facts set forth in this application for verification of current licensure as a Registered Professional Nurse in Georgia are true and complete to the best of my knowledge. I understand that false statements on this application may be considered sufficient cause for denial of licensure.

Signature: _____ **Date:** _____